

APPARATUS AND METHOD SUPPORTING OPERATION OF SERVER BASED ON ACCESS STATUS
TO SERVER AND COMPUTER-READABLE RECORDING MEDIUM RECORDED WITH PROGRAM
REALIZING SUCH METHOD

☒ is attached hereto
☐ was filed on _____ as U.S. Application Serial No. _____ (Atty Dkt. No. _____)
☐ was filed as PCT International application No. _____ on _____
 and (if applicable to U.S. or PCT application) was amended on _____

Application Number	Country	Day/Month/Year Filed
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16/June/2000

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Status: patented
pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000 (to whom all communications are to be directed), and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: *

3. Inventor's Signature: _____ Date: _____
 Inventor: _____
 Residence: (city) _____ (first) _____ MI _____ (last) _____ (citizenship) _____
 Post Office Address: _____ (state/country) _____
 (Zip Code) _____

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.